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## BIB DATA SHEET

CONFIRMATION NO. 3156

<b>SERIAL NUMBER</b> 10/599,016	<b>FILING or 371(c) DATE</b> 09/18/2006 <b>RULE</b>	<b>CLASS</b> 128	<b>GROUP ART UNIT</b> 3736	<b>ATTORNEY DOCKET NO.</b> TRB-10302/38		
<b>APPLICANTS</b> Landon C.G. Miller, Tuscaloosa, AL; <b>** CONTINUING DATA *****</b> This application is a 371 of PCT/US05/08907 03/17/2005 which claims benefit of 60/554,018 03/17/2004 <b>** FOREIGN APPLICATIONS *****</b> <b>** IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** ** SMALL ENTITY **</b> 05/26/2007						
Foreign Priority claimed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 35 USC 119(a-d) conditions met <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Verified and Acknowledged <u>/BRIAN SZMAL/</u> Examiner's Signature		<input type="checkbox"/> Met after Allowance Initials	<b>STATE OR COUNTRY</b> AL	<b>SHEETS DRAWINGS</b> 3	<b>TOTAL CLAIMS</b> 13	<b>INDEPENDENT CLAIMS</b> 2
<b>ADDRESS</b> GIFFORD, KRASS, SPRINKLE, ANDERSON & CITKOWSKI, P.C PO BOX 7021 TROY, MI 48007-7021 UNITED STATES						
<b>TITLE</b> SYSTEM AND METHOD FOR NEUROLOGICAL INJURY DETECTION, CLASSIFICATION AND SUBSEQUENT INJURY AMELIORATION						
<b>FILING FEE RECEIVED</b> 500	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit			